Volume 3 Issue 1

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Primum

Arizona Medical Board and Arizona Regulatory Board of Physician Assistants

Inside this issue:

Healthcare Disparities, by William R. Martin, III, M.D.

Recently I had occasion to read a disturbing article from the March 31, 2008 edition of the Journal of the American Medical Association (JAMA) entitled: "Decades of Work to Reduce Disparities in Health Care Produce Limited Success". I believe, as I am sure that we all do, that all America should receive quality health care regardless of their race, ethnicity, age, socioeconomic status, insurance status, or gender. However, as I read the above article and reflected on my personal experiences and my observations of others, I concluded that we all could do better.

The United States Congress directed the Agency for Healthcare Research and Quality (AHRQ) to produce an annual report to track "prevailing disparities in health care delivery as it relates to racial factors and socioeconomic factors in priority populations." The priority populations identified are racial and ethnic minorities, low-income groups, women, children, elderly, residents of rural areas and individuals with disabilities and special health care needs.

The JAMA article points out that despite many years of efforts to raise awareness about disparities and to reduce them, the gaps in some key treatment areas remain constant. The findings are based, in part, on unpublished data from the National Quality Forum and the AHRQ. It is reported that for most core quality measures, Blacks (73%), Hispanics (77%), and poor people (71%) received worse quality care than their reference groups. Furthermore, for most measures for poor people (67%), disparities were increasing the most amongst minorities, with no significant changes in disparities observed among non-minority groups. "Even more alarming, disparities were increasing and more prevalent in chronic disease management." (Agency for Healthcare Research and Quality. 2006 National Healthcare Dispari-

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PA Reynolds practices as a PA at Mayo Clinic in Scottsdale.

This article reflects the views of the author. Unless noted, it does not necessarily reflect the view of the Arizona Regulatory Board of Physician Assistants or any other member of the Arizona Regulatory Board of Physician Assistants

The Chair's Corner, by Joan Reynolds, M.M.S., P.A.-C

As the recently elected, first woman chair, of the Arizona Regulatory Board of Physician Assistants, I look forward to serving in my new capacity. I have been a Board member for the last 4 years and have learned much from those with whom I share this appointed position. The PA profession has evolved over the last 30 + years and therefore our PA Statutes and Rules and Regulations are in need of revision as well. The process of re-defining Rules and Regulations and how they relate to the statutes has been a learning experience for all those involved. Our profession is fortunate to have many in the community who support the quality and accessibility of healthcare PAs provide in Arizona. My hope is that all PAs in this state take an interest in their daily practice of medicine and make you aware of exactly what our practice laws dictate.

I would encourage each of you to attend one of the Board meetings, which are held quarterly, out of interest in your profession and to see exactly how the Board conducts business. These meetings are open to the public and the dates are always posted on the website. I have always asked students, for whom I am a preceptor, to come to a meeting to better understand why it is so important to know the law and scope of practice of PAs in Arizona. I believe if more of you availed yourself of a meeting or two you would better understand how the Board operates to protect the public while treating PAs fairly.

I would challenge each practicing PA in Arizona to re-read their Statutes and Rules and Regulations. I encourage you to also have your supervising physician re-read those as well. It is evident to me that if those PAs that have come before the board in the last 4 years read and understood the statutes they most likely would not have been sitting in front of the board. It is your responsibility to be up to date on your law and how it affects your practice.

Healthcare Disparities, continued

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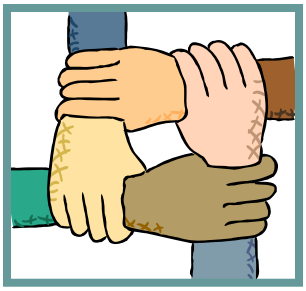


ties Report. Rockville, MD AHRQ Pub. No. 07-0012)

The following specific data was pointed out in the 2007 National Healthcare Disparities Report:

- Blacks had a rate of AIDS cases 10 times higher than Whites;
- Asian adults 65 and over were 50% more likely than Whites to lack immunization against pneumonia;
- American Indians and Alaska Natives were twice as likely to lack prenatal care in the first trimester as Whites;
- Hispanics had a rate of new AIDS cases over 3.5 times higher than that of non-Hispanic Whites;
- Poor children were over 28% more likely than high income children to experience poor communication with their health care providers; and
- The uninsured face greater challenges than the insured in getting access to high quality health care. The factor most consistently related to better quality is whether a patient is insured.

There can be no question that inherent within health disparities are socioeconomic issues that are beyond the scope of physicians and the health care system. However, in spite of this, there is much that each of us can do to help to eliminate healthcare disparities.

We can begin by teaching our children in our own homes that we are all God's children and that whether Black, White, Brown, or Yellow, the color of our skin does not portray the content of our character. Second, in our offices, clinics, and hospitals we must do all that we can do to provide culturally competent care. Third, we must make a conscious effort to treat and approach all of our patients equally in terms of putting our personal biases behind us and seeing each patient through "clear glasses." Finally, we must all join hands and fight together to eliminate healthcare disparities.

"...we must make a conscious effort to treat and approach all of our patients equally in terms of putting our personal biases behind us..."

When we look in the mirror, can we honestly say that we have done all that we can do to provide the best care -not just adequate care - for each of our patients? When we see that a colleague is treating a certain group of individuals differently than we believe that our own family members should be treated, do we have the courage to pick up the phone and confront them? Are we open minded enough that we are willing to look at each patient individually and put forth our best efforts to treat their ailments and take advantage of the opportunity to possibly learn from the experience?

To me this is not a regulatory issue. It is an issue about hope, compassion, care, and understanding. It is about bringing out the best that there is in all of us. It is about continuing to make American medicine the best that the world has to offer.

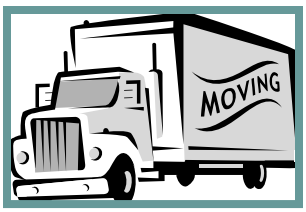
Our greatest measure as a society is not by how much wealth or riches a small segment of our society accumulates. We are measured as a society by how the poorest and least fortunate amongst us fairs. We have the collective ability within medicine to make a positive difference for all. Let us stand tall today and make a commitment to do our individual and collective part to eliminate healthcare disparities.

Dr. Martin is the Chair of the Arizona Medical Board and has an orthopaedic surgery practice in Phoenix.

This article reflects the views of the author.

Unless noted, it does not necessarily reflect the view of the Arizona Medical Board or any other member of the Arizona Medical Board.

Doctor, PA, Do We Know Where to Find You?



Practice arrangements can change, leases expire, or providers relocate nearer a hospital where they have privileges and make rounds.

On the checklist of "things to do" associated with a business or personal relocation, please add "Notify my licensing Board."

Patients often call the Arizona Medical Board trying to locate physicians and/or their records. That's when the Board learns that either the phone number listed in a physician's online profile no longer works, or the office has moved or closed.

State law says, "The Board may assess the costs incurred by the Board in locating a licensee and in addition a penalty of not to exceed one hundred dollars against a license who fails to comply within 30 days from the date of change."

Physicians—A.R.S. § 32-1435 (A) and (B). Physician Assistants—A.R.S. § 32-2527 (A) and (B).

Medical Board Adopts Guidelines on Scope of Practice

At its February 2008 meeting, the Arizona Medical Board adopted the following guidelines to assist physicians who were considering changing their practice:

Introduction

Medical Boards make basic assumptions when resolving Scope of Practice issues for physicians. Paramount among those assumptions is that the public must be protected from poorly trained or unqualified physicians.

The Arizona Medical Board developed these Scope of Practice Guidelines to assist physicians in assessing their specific qualifications when they make the decision to undertake new procedures, employ new technologies or migrate into new areas of medical practice for which they have not received formal post graduate/residency training.

Preamble

The Arizona Medical Board (Board) recognizes that the practice of medicine is dynamic with respect to scientific and technological advancements. Physician practice patterns are changing with evolving medical knowledge and treatment modalities, new technologies, and fluctuations within health care specialties and the healthcare workforce. Consumer demand has contributed to changes in practice patterns as well.

Laws defining the practice of medicine, in Arizona and nationwide, are broadly defined and do not restrict a licensee from adopting new technologies, employing new procedures, broadening one's scope of practice or even entering into a different area of practice from which he or she was formally trained. While the law may not restrict these changes in practice patterns, the Board does have the obligation to ensure patient safety through the competent practice of medicine.

Prior to licensure, physicians must graduate from an approved medical school, complete an approved residency program and pass standardized tests. Physicians who complete these necessary requirements are presumed competent to practice within the field in which they received their formal training. Formal training requirements must meet national standards and are heavily regulated and scrutinized. A physician who meets the qualifications for licensure has an unlimited scope of practice. The standard of care, however, requires physicians to be trained, qualified and competent to perform medical procedures before engaging in a particular practice or field of medicine.

Post-formal training and continuing medical education does not receive the same level of scrutiny. While, it is critical for physicians to remain competent and current in the practice of medicine, this training may not be adequate for physicians trying to practice specialty care far afield from their formal post graduate/residency training.

Physicians who practice in specialty areas, whether or not they received formal training, must be competent in all procedures they perform regardless of where they received their training.

For example, internists, who also perform dermatological procedures, must be competent in all procedures that they perform. Likewise, a radiologist practicing radiology for many years may require additional training before being competent to practice emergency department medicine or urgent care medicine.

Areas in which the Board has recently seen physicians expand their scopes of practice include:

- Pain management
- Cosmetic surgery
- Treatment of Erectile dysfunction

While these areas are not inclusive of all the areas in which physicians have expanded their scopes of practice, they represent areas in which physicians have found themselves outside their training and skill levels – at times, to the detriment of their patients. Physicians must be aware of any complications that can arise during the course of a procedure and be prepared to adequately address them. Physicians administering anesthesia during office based surgery must also be aware of the Board's Office Based Surgery Rules, specifically R4-16-702(A)(3)(d), which requires "…the physician and health care professional administering the sedation to rescue a patient after sedation is administered and the patient enters into a deeper state of sedation than what was intended by the physician."

Obtaining Practice Area Expertise and Considerations for an Expanded Scope of Practice:

Practice area expertise can be obtained in a number of ways, including: mini-residency programs, informal training by a hospital or group practice, seminars prepared by private organizations, and direct training by medical equipment manufacturers and pharmaceutical companies. Regardless of how expertise is obtained, physicians should consider the following factors before engaging in an expanded practice:

- What competencies (clinical knowledge, judgment and skills) are required in order to provide services safely and competently?
- What are the prerequisites and the core education needed in terms of undergraduate and postgraduate education and clinical experience?
- Will the education received meet the standards and be recognized by an independent and formally accredited educational organization or institution?
- Is the expanded scope of practice appropriate for the education and training received? How does that education compare to that of other practitio-

(Continued on page 4)

"While the law may not restrict these changes in practice patterns, the Board does have the obligation to ensure public safety through the competent practice of medicine."

Scope of Practice Guidelines (continued)

(Continued from page 3)

ners providing the same service?

- What goals must be established for attaining and retaining competence in that specialty area?

Competence Self-Assessment:

Once additional training is complete, and prior to beginning an expanded practice, physicians may elect to obtain an assessment of their skills. Assessment and evaluation programs are available through institutions such as the University of California San Diego Physician Assessment and Clinical Evaluation (PACE) program or the Colorado Center for Personalized Education for Physicians (CPEP). Additional assessment tools may be available through specialty medical societies or through county and state medical associations.

Summary:

These guidelines were developed to assist physicians in their understanding of the Arizona Medical Board's position on Scope of Practice issues and the Board's obligation to protect the public through the competent practice of medicine. The Board expects physicians to maintain their educational and technical competencies for their current practices. The Board strongly recommends that these Scope of Practice Guidelines be carefully reviewed by all physicians holding current licenses to practice medicine in Arizona.

These guidelines are posted on the Arizona Medical Board Web site.

Prescription Monitoring Program Begins This Fall

The Director of the Prescription Monitoring Program (PMP) says he hopes to begin collecting data from Arizona pharmacies in September of this year. But Dean Wright says the program probably won't be fully functional until March 2009.

The Arizona Legislature approved a bill creating the PMP, and Governor Janet Napolitano signed it into law in early July, 2007. A 2005 survey by the federal Substance Abuse and Mental Health Services Administration (SAMHSA) shows that 17% of substance abusers obtained drugs by presenting pain complaints to multiple physicians.

The aim of the secure electronic database is to identify patients who may be "doctor shopping" for controlled substances and to notify their physicians. Substance abusers often seek prescriptions from more than one doctor. By filling the prescriptions at different pharmacies, they are able to avoid notice by the Arizona Pharmacy Board.

A Pharmacy Board Task Force has held meetings to establish guidelines for trend markers and to set parameters for how the Arizona program will utilize data. In April, the Task Force awarded a contract to a vendor for the necessary hardware and software. When the Task Force meets again in May, the vendor will demonstrate some program screens.

The Task Force has yet to establish the number of doctors and pharmacies a patient would have to see in a month's time in order to trip an alert. Wright says members of the Task Force appear to be leaning toward five doctors and five pharmacies, which mirrors the Nevada prescription monitoring program. Once a patient has seen five doctors and filled prescriptions at five pharmacies within a one month period, the PMP would notify the physicians who wrote the prescriptions about the situation.

Late last year, the Pharmacy Board sent forms to physicians telling them that state law requires them to register with the PMP. Some of the notices came back undelivered. Physicians who haven't received the notice should either go to the Pharmacy Board Web site at www.pharamacy.state.az.us where the form is available or call the Board at (602) 771-2727. Only physicians who stock and dispense Schedule II, III, and IV drugs (not samples) to their patients for take-home use from their offices will have to provide the PMP with data.

Once the program is underway, a physician will gain access to the PMP database with a username and a password. A doctor could then query the PMP to find out whether a patient is seeing other physicians, and if so, what they've prescribed.

Number of Licensed Physicians

19,433

Number of Licensed PAs

1,701

Is There a Doctor Outside the House?

"Fascinating!"

"A real challenge!"

"Important work!"

That's what some physicians have said about being an Outside Medical Consultant. Arizona Medical Board investigations of patient care cases require peer reviews by medical consultants. The Board has a staff of Medical Consultants in-house, but often turns to physicians in the community to provide their opinions as Outside Medical Consultants. At present, the Board is asking for the help of Arizona licensees in a variety of specialties and subspecialties to review cases. There is a critical need for neurosurgery, cardiothoracic surgery, vascular surgery, and neonatal specialists.

The Board pays case reviewers a stipend for their work which also applies as Continuing Medical Education credits required for license renewal.

State law protects outside medical consultants from liability. The Arizona Revised Statutes (A.R.S. § 31-1403) specifically state that "There shall be no monetary liability on the part of and no cause of action shall arise against... permanent or temporary personnel or professional medical investigators for any action done or proceeding undertaken or performed in good faith..."

If you would like to get more information about being an Outside Medical Consultant for the Arizona Medical Board, please contact Christina Hedrei at (480) 551-2728.

New Consequences for Failing to Pay Child Support

A new state law has given the Arizona Department of Economic Security legal authority to suspend or revoke the professional license of someone who has deliberately failed to pay child support for more than six months."

The Department's Division of Child Support Enforcement (DCSE) is trying to get the word out to physicians and physician assistants that it will take appropriate action to collect past due payments, and that may include suspending or revoking a doctor's or a PA's license to practice in Arizona.

Veronica M. Hart Ragland—Assistant Director of the DCSE—notes that about 95% of cases with child support obligations are delinquent.

Many of those required to pay child support are self-employed and may hold a state of Arizona professional or occupational license or certificate.

Licensing agencies, boards and commissions are participating in an automated reporting system that will enable the DCSE to contact those licenses who are delinquent.

Ragland would prefer that those who owe child support fulfill their obligations without her division taking such drastic action.

"While it is certainly not our goal to deprive people of the ability to work, we believe that our legal authority to revoke or suspend licenses will encourage compliance with the law to make child support payments," Ragland says.

For further information, or to make child support payment arrangements, individuals may contact DCSE Customer Service at (602) 252-4045, or outside Maricopa County, 1-800-822-4151,

Reducing Barriers to Multi-State Licensure

In its annual report, the Federation of State Medical Boards (FSMB) says two regional groups of medical boards continued work on an initiative expected to significantly reduce redundancies that "slow the process of obtaining medical licensure in multiple states.

The Northeast Regional Group is composed of Boards in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont. The medical boards in Colorado, Idaho, Iowa, Kansas, Minnesota, North Dakota, Oregon and Wyoming comprise the West Regional Group.

The project will allow states to accept key credentials, such as medical education and training, that have already been verified by another participating state.

The FSMB has also shared its experience with license portability with the State Alliance for e-Health which is addressing barriers to the widespread adoption of health information technology. The alliance is recommending online licensure applications, common core licensure application forms, moves toward requiring at least one state license be recognized by other states, and a licensure system that permits doctor-to-doctor and doctor-to-patient interactions across state borders.

Federation of STATE MEDICAL BOARDS

Recent MB and ARBoPA Actions and Orders

The Arizona Medical Board and the Arizona Regulatory Board of Physician Assistants have legal authority to revoke, suspend, restrict, fine, reprimand or censure, require monitoring or additional education, or impose other remedial measures on the license of an allopathic physician (M.D.) or PA if the licensee has committed unprofessional conduct or is mentally or physically unable to safely engage in the practice of medicine.

State law also allows the Medical Board, at its discretion, to issue a non-disciplinary order for additional Continuing Medical Education courses.

The Boards have recently taken the following actions:

AMB

Peter J. Normann, M.D.

(Phoenix—Internal Medicine)

Arizona License No. 33254

Accepted Administrative Law Judge's Recommended Order for Revocation.

Clarence Rodriguez, M.D.

(Mesa—Internal Medicine)

Arizona License No. 14409

Accepted Consent Agreement for Surrender of Active License.

Pamela A. Morford, M.D.

(Tucson—OB-GYN, Gynecology)

Arizona License No. 17926

Accepted Consent Agreement for Surrender of Active License.

David Isaac Plum, M.D.

(Scottsdale–Family Practice)

Arizona License No. 37523

Summarily Suspended.

Venu G. Menon, M.D.

(Dayton, Ohio - Anesthesiology Pain Management)

Arizona License No. 12360

Accepted Administrative Law Judge's Recommended Order for Revocation.

David D. Parrish, M.D.

(Scottsdale—Neurology, Psychiatry, Endocrinology)

Arizona License No. 26896

Accepted Administrative Law Judge's Recommended Order for Revocation.

Keith N. Levitt, M.D.

(Seattle, WA– Anesthesiology)

Arizona License No. 26382

Accepted Consent Agreement for Surrender of Active License.

Jeffrey D. Strickland, M.D.

(Marina Del Ray, CA—Anesthesiology)

Arizona License No. 34244

Accepted Consent Agreement for Surrender of Active License.

Nils E. Foley, M.D.

(Tucson—Anesthesiology)

Arizona License No. 32906

Accepted a Consent Agreement for Practice Restriction from Anesthesia for two years.

David A. Wilbert, M.D.

(Scottsdale—General Practice)

Arizona License No. 9920

Accepted Administrative Law Judge's Recommended Order for Revocation.

(Continued on page 7)

Explanation of Terms

Revocation — Termination of a licensee's right to practice medicine or perform health care tasks in Arizona. A referral to a formal hearing is necessary.

Suspension — The Board may suspend a license for 12 months or less without a formal hearing. A suspension of more than 12 months may be issued after a formal hearing. A suspension may be used as a punishment to restrict financial gain.

Decree of Censure — Not defined in statute, but is identified as an "official action against the license…" A Decree of Censure may be issued by itself or in conjunction with terms of probation. A Decree of Censure may also include a requirement that restitution be paid to a patient.

Letter of Reprimand — A disciplinary order issued by the Board informing the licensee that his/her conduct violates state or federal law and may require the Board to monitor the license. It may be issued by itself or in conjunction with terms of probation.

Advisory Letter — Non-disciplinary letter that notifies a licensee that he/she has committed either a minor technical violation or that there is not enough evidence to take a disciplinary action.

Recent AMB Actions and Orders (continued)

(Continued from page 6)

Max D. Lind, M.D.

(Phoenix– OB-GYN)

Arizona License No. 4576

Accepted Consent Agreement for Surrender of Active License.

Steven G. Cervi-Skinner, M.D.

(Phoenix—Internal Medicine)

Arizona License No. 26268

Practice Restriction. May not supervise Physician Assistants for 30 years.

Stephen E. Flynn, M.D.

(Phoenix—General Surgery)

Arizona License No. 3351

Accepted Consent Agreement for Surrender of Active License.

Ole G. Torjusen, M.D.

(Mesa—OB-GYN, Gynecology)

Arizona License No. 19487

Accepted Consent Agreement for surrender of active license.

Ilangovan Govindarajan, M.D.

(Kingman—Internal Medicine)

Arizona License No. 25797

Accepted Interim Consent Agreement for having female chaperone present when seeing female patients.

AMB Stats

At its two-day, December 2007 meeting, the Arizona Medical Board approved:

- 2 Revocations
- 2 Surrenders of Active Licenses
- 1 Practice Restriction
- 1 Letter of Reprimand
- 18 Advisory Letters
- 1 Denied Appeal of Referral to Formal Hearing
- 1 Denied Motion for Rehearing or Review
- 2 Dismissals
- 11 Executive Director Dismissals Upheld

At Its two-day, February 2008 meeting, the Arizona Medical Board approved:

- 1 Revocation
- 1 Surrender of Active License
- 1 Disciplinary Probation
- 3 Letters of Reprimand
- 14 Advisory Letters
- 2 Dismissals
- 12 Executive Director Dismissals Upheld

At its two-day, April 2008 meeting, the Arizona Medical Board approved:

- 2 Surrenders of Active Licenses
- 1 Decree of Censure
- 1 Letter of Reprimand
- 1 Executive Director Referrals to Formal Hearing Upheld
- 29 Advisory Letters
- 5 Dismissals
- 8 Executive Director Dismissals Upheld

ARBoPA

During its meeting on November 14, 2007, the Arizona Regulatory Board of Physician Assistants took the following actions:

- 1 Surrender of active license
- 1 Letter of Reprimand
- 1 Consent Agreement for Letter of Reprimand Accepted
- 1 Draft of Letter of Reprimand Accepted
- 2 Advisory Letters
- 1 Executive Director Denial of License Upheld
- 1 Denial of Motion for Rehearing or Review

During its February 27, 2008 meeting, the Arizona Regulatory Board of Physician Assistants took the following actions:

- 1 Draft of Letter of Reprimand Accepted
- 1 Dismissal

Robert M. Chavis, P.A.-C

Arizona License No. 3421

Accepted Consent Agreement for Surrender of active license.

Reasons for Medical Board Actions

Knowing why physicians have come to the attention of the Arizona Medical Board may be helpful information to other licensees.

The Board ordered **Decrees of Censure** for:

- Failing to timely obtain appropriate laboratory tests, failing to adequately monitor and treat a patient's blood loss and assess the patient's hemoglobin and hematocrit levels, and failing to maintain adequate medical records.
- Failing to appropriately diagnose and treat diabetes and pertussis in a patient, for documenting that a glucometer was medically necessary for a patient who did not have diabetes, for prescribing Blaxin for a possible urinary tract infection, failing to properly identify a patient prior to discussing a medical diagnosis, failing to notify a patient regarding an abnormal x-ray result, failing to provide complete pap smear results upon patient's request in a timely manner, for inappropriate billing, for failing to perform and order appropriate laboratory testing for amenorrhea, failing to obtain baseline height and weight in a child with nutritional deficiency and failing to maintain adequate medical records.
- For knowingly making a fraudulent statement regarding the credentials on a patient consent form signed prior to surgery.
- For inappropriate supervision of a Physician Assistant, inadequate medical records, inadequate patient management on multiple patients, failing to maintain adequate recordation of Schedule II and Schedule IIIs and failing to furnish information in a timely manner to the Board.

The Board ordered **Letters of Reprimand** in cases involving the following:

- Failing to recommend a colonoscopy for an 81-year-old patient.
- Failing to respond to hospital staff in a timely manner or, at times, not at all, and failing to examine, evaluate and monitor patients on a regular basis.
- Failing to appropriately supervise a Physician Assistant, failing to file a Notice of Supervision application, and failing to obtain Board approval for prescribing Schedule II and III controlled substances by a PA.
- For performing general anesthesia while under the influence of Demerol, for habitual intemperance and for violating a Board Order.
- Failing to timely operate on a patient with post-operative complications.
- Failing to diagnose and monitor a patient considered to be a high risk for drug abuse, for inappropriate prescribing and for inadequate medical records.
- Failing to provide a patient's medical record to a subsequent treating physician.
- Failing to properly manage an unstable hospitalized patient with persistent tachycardia and decreasing hemoglobin.
- Failing to use a paralytic agent prior to intubating with a rigid laryngoscope.
- Failing to perform a timely and adequate history and physical and for inaccurate documentation of an operative procedure and physical exam.
- Failing to appropriately manage a high-risk pregnancy by failing to refer a diabetic patient to specialized care in the presence of macrosomia and fetal intolerance of labor.
- Failing to properly manage complications related to a surgical procedure resulting in a potential life-threatening condition.
- Failing to rule out infection prior to prescribing steroids and failing to timely recognize and treat a patient's mesh infection with antibiotics for a sufficient duration.
- Failing to review an abdominal CT scan result at the hospital and for inaccurate documentation of an operative procedure and a physical exam.
- For not being available in a timely manner to evaluate a post-operative patient.
- Failing to aggressively treat a patient's hypotension after placement of a spinal anesthetic, failing to appreciate the patient's volume status, and failing to maintain adequate records.
- Failing to follow up with a patient with a possible small bowel obstruction until three days after an initial visit and for the Physician failing to familiarize himself with the results of the computed tomography scan performed.
- Failing to see the cause of a patient's nausea and vomiting, failing to aggressively treat symptomatically a patient's persistent hypotension and acidosis, and failing to recognize the acidosis, failing to use standard tests and monitoring modalities to assess the effectiveness of the treatment corse, and failing

Reasons for Medical Board Actions (continued)

to seek information or appropriate consultation to clarify whether the disease could affect a patient's present and presenting condition.

The Board chose to issue non-disciplinary **Advisory Letters** in the following cases because the violation did not rise to the level of discipline or it was a one-time technical error.

- Failing to obtain informed consent and inadequate medical records.
- Failing to inform the Board that the Physician had terminated the supervisory relationship with a Physician Assistant.
- Failing to properly read radiological images.
- For providing anti-tussives/decongestants to a four-month-old patient.
- Failing to open and mature the colostomy in a timely manner.
- Failing to remove corneal protectors after surgery and failing to adequately supervise or direct medical staff.
- For inadequate medical records and improper follow-up.
- Failing to examine a swollen testicle and for inadequate medical records.
- Failing to properly dispense medications and failing to maintain adequate medical records.
- Failing to properly terminate the physician-patient relationship in writing and failing to provide a reasonable time period to transition care to another physician.
- Failing to obtain adequate informed consent for tubal ligation and for inappropriately changing a patient's due date utilizing a third trimester ultrasound to determine the date.
- Failing to use non-latex gloves on a patient who is latex allergic.
- Failing to diagnose and recommend treatment for a fracture of the neck of the talus.
- Failing to utilize appropriate precautions during surgery to prevent neurovascular injury.
- Failing to refer a patient to a would care specialist and for inadequate medical records.
- Failing to determine a speculum's temperature prior to inserting it into a patient causing subsequent second degree perineal burns.
- Failing to timely address abnormal glucose levels and failing to address abdominal pain that was inconsistent with gastro-esophageal reflux disease.
- For resuscitating a dehydrated two-year-old patient with D5 1/2 normal saline.
- Failing to refill a minor diabetic patient's insulin when there was no clear indication that the patient had transferred care.
- Failing to properly evaluate an unexplained anemia, failing to follow-up on ordered labs and other diagnostic tests, and for inadequate medical records.
- For prescribing Augmentin to a patient with a Penicillin allergy.
- Failing to admit an older patient with significant abdominal findings, failing to obtain a repeat urinalysis, and for inadequate medical records.
- For prescribing Bactrim to a patient with a documented allergy to sulfa.
- Failing to continue hospitalization for a patient with a worsening chest x-ray following blunt thoracic trauma and for inadequate medical records.
- Failing to administer Rhogam to a patient who is RH negative during pregnancy prophylactically and postpartum when she delivered an RH positive baby and for inadequate medical records.
- For placing a suture through the sciatic nerve.
- For action taken by another state for failing to disclose truthful information on a licensing application.
- Failing to interpret PSA results and to recommend urological consultation in the face of elevated results and failing to perform a rectal exam to further evaluate the elevated PSA or indicate that a urologist would soon do a rectal exam.
- Failing to adequately document medical decision-making or informed consent for a complex patient.
- Failing to obtain the pertinent laboratory tests for a child presenting with recurrent infections and failing to refer to a specialist for further evaluation.
- For inadequate medical records and for failing to order appropriate baseline and monitoring laboratory and EKG testing when prescribing Lithium and Desipramine.
- Failing to consider other conditions and conduct appropriate tests when evaluating a patient with multiple cavitary lung lesions.

Arizona Medical Board Hires New Executive Director

Lisa Wynn

"It is an equal privilege to protect the public and partner with the quality allopathic physicians of Arizona."

After a nationwide search, the Arizona Medical Board hired Lisa Wynn to be its eighth Executive Director. Her first day at the Board was January 22nd.

During my first few months with the Arizona Medical Board, I have had the pleasure of meeting many of Arizona's finest leaders in medicine. It has been an opportunity to discover the areas in which the Board and its Staff can be proud, and likewise to learn of the areas in which we can improve as we meet the needs of Arizona's allopathic physicians, and the public, we all serve.

To that extent, I have had the pleasure of meeting with several physician groups throughout the state. On March 25, I attended the Pima County Medical Society Board of Directors' meeting in Tucson. I was accompanied by Roger Downey, our Media Relations Officer, and Dr. Kelly Sems, our Chief Medical Consultant.

On April 12, I met with the Arizona Medical Association's Board of Directors. My strongest impression from that morning was of the outstanding leadership of that organization and their commitment to the quality of patient care in Arizona.

April 14, Mr. Downey and I had the privilege of attending a meeting of the Maricopa County Medical Society's Board of Directors.

At all three of these meetings, the questions and discussion focused my attention on the fact that any physician regulated by the Board has the right to a fair and timely investigation and resolution when a complaint is opened against him or her. I am committed to maintaining this standard as we go forward and continuing to strengthen due process rights for all parties involved in a matter before the Board.

I have the privilege of serving a Board and Board Staff who are clear about their mission and take it very seriously. It is an equal privilege to protect the public and partner with the quality allopathic physicians and physician assistants of Arizona. While the relationships between the public, the Board and its licensees can be tenuous, I promise that the Board will conduct its business in a way that is consistent and fair. I want to sincerely thank these associations and others with whom I have met for making me feel so welcome in my new position.

I believe I speak for everyone at the Arizona Medical Board in saying we look forward to working together.

Medical Boards Check in at GL Suite

"Regulate anything—individuals, businesses, more—with our flexible solution."
- GL Suite

After nearly a year of work with the vendor and then weeks of training sessions for employees, the Arizona Medical Board went "live" with its new database system on Monday, April 14. The Arizona Medical Board partnered with the Arizona Osteopathic Board of Medical Examiners in making the purchase for use by both agencies in 2007.

The winning bidder was GL Suite which has developed off-the-shelf computer software specifically for government regulatory agencies. It provides a single software platform for case management, reports and online license renewals.

From the start the goal has been to make the switch with as few glitches and as few tension headaches as possible. Some staff members became "power users." Sandra Waitt, Lisa McGrane, Suzann Grabe, Celina

Shepherd, Danielle Steger, Lisa Simkins, and Amanda Schwabe from the Arizona Medical Board, and Beverly Alfson and Barbara Meyers from the DO Board had the first opportunity to become familiar with the program so they could help train fellow workers.

Prior to the task of converting data from the old system for use in the new system, other Board staff members practiced with test cases to learn the nuances of GL Suite.

Company officials were quick to point out that agencies typically have a three- to four-month long break-in period during which employees learn what works well and what doesn't. The Board's IT staff and GL Suite personnel will use that feedback to make changes and fine-tune the software.

New Public Member Takes Her Place on Board

Andrea Ibañez

Governor Janet Napolitano nominated Andrea Ibañez of Tucson to an unexpired term on the Arizona Medical Board as a Public Member.

Ms. Ibañez is the Deputy Director of the Department of Neighborhood Resources for the City of Tucson and supervises the daily work of the Neighborhoods and Administration Division. Before taking that position, Ms. Ibañez served as a Project Manager in the Tucson City Manager's Office. She has also worked as an Interim Tucson Court Commissioner and as a Youth and Family Coordinator for the City.

Ms. Ibañez is active in the Tucson community and is currently a member of the University of Arizona Hispanic Alumni Association, the Pima County Children's Action Alliance Advisory Board, the Hispanic Professional Action Committee, and the Arizona City County Managers Association. During 2007, she served as Vice-President of the Brewster Center, which provides shelter, counseling and other services for victims of domestic violence.

She was a member of the Pima County Commission on Trial Court Appointments from 2004 to 2007 and served on the Judicial Performance Review Commission for the State of Arizona from 1994-2001.

Ms. Ibañez has a masters degree and completed most of her coursework for a Ph.D. in Anthropology at Syracuse University where she also received her bachelor's degree. She has a Certificate in Public Policy and Management from the Eller College of Management at the University of Arizona, and has completed the Certified Public Manager Program at Arizona State University.

Boards Hold Elections, Retain Officers

The Arizona Regulatory Board of Physician Assistants held its annual election of officers at its February 27 meeting.

Board Members chose Joan Reynolds, M.M.S., PA-C, to serve another term as Chair and Peter C. Wagner, D.O., as Vice-Chair. The PA Board is composed of four PAs, four physicians, and two public members.

Ms. Reynolds, the first woman to chair the PA Board, is a practicing Physician Assistant at Mayo Clinic Scottsdale. Dr. Wagner is Medical Director of the Gila Crossing Clinic on the Pima Indian Reservation south of Phoenix.

The Arizona Medical Board also selected its 2008 officers at its meeting on February 6 and 7.

Elected to a second term were Chairman William R. Martin III, M.D., Vice-Chairman Douglas D. Lee, M.D., and Secretary Dona Pardo, R.N., Ph.D. There are 12 members of the Arizona Medical Board. Eight are physicians in a variety of specialties and four are public members, although one must be a registered nurse.

Dr. Martin is a board-certified orthopedic surgeon in Phoenix. Dr. Lee is a board-certified anesthesiologist who practices in Flagstaff. Dr. Pardo is a registered nurse from Tucson.

Top Docs: 1 Current, 1 Former Board Member

The April Issue of "Phoenix Magazine" traditionally highlights the medical profession with its featured "Top Docs" article.

This year's issue names Paul M. Petelin, Sr., M.D., as a "Top Doc" among General Surgeons. Also named is Ingrid E. Haas, M.D., in the category of Gynecology & Obstetrics. Dr. Haas is a former Board member who is now a Board Medical Consultant.

A separate article, "Docs Abroad," highlights the humanitarian efforts of former Board member Patrick Connell, M.D. on the island of Roatan off the coast of Honduras.

Arizona Medical Board and Arizona Regulatory Board of Physician Assistants

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The Arizona Medical Board is committed to serving the public through the honest, fair, and judicious licensing and regulation of allopathic physicians (MDs). As it has in the past, the Arizona Medical Board will continue to gain public respect and trust by focusing on the issues that will shape positive healthcare environments.

As the utilization of physician extenders, such as physician assistants, continually increases, the Arizona Regulatory Board of Physician Assistants stays in touch with community needs and implements health care policy reforms to protect the public and provide guidance to its licensees. Within the last few years, the Board has systematically revised its laws and rules to stay abreast of healthcare trends.